The Cambridge Hospital

1493 Cambridge Street, Cambridge, Massachusetts 02139 (617) 498-1000

December 17, 1997

Robert W. Healy, City Manager
City of Cambridge
City Hall
Cambridge, MA 02139

Dear Mr. Healy,

I am writing in response to questions raised by the City Council on October 6, 1997 regarding previously provided information about HIV infection and AIDS in the City of Cambridge.

The questions presented and our response is as follows:

1. Who do we serve in Cambridge?

- As of August 1, 1997, there have been 334 Cambridge residents diagnosed and reported with AIDS; 62% of these cases were diagnosed in 1991 and after.
- Approximately 34% of these individuals are living and 66% have died. These proportions are similar to those in Massachusetts and the United States.
- A total of 84% of Cambridge AIDS cases are male, and 16% are female. In the years since 1991, the average percentage of female cases has risen to 22% of the newly diagnosed cases.
- Although the majority of AIDS cases in Cambridge are among Whites, the case rate per 100,000 population is highest among individuals categorized as Black and Hispanic.
- Seventy-one percent of AIDS cases were diagnosed at less than 40 years of age; 51% were diagnosed at ages 30-39 years, 18% were diagnosed at ages 20-29 years; 4% were ages 50 years and older; and 2% were diagnosed as children and teens (ages 0-19).
- In Cambridge, as in Massachusetts, male-to-male sex, injection drug use, and heterosexual sex account for the largest proportion of AIDS cases to date. While male-to-male sex represents the largest number of cases by risk, it is declining as a percentage of annual cases when compared to injection drug use and heterosexual contact.

Multidisciplinary AIDS Program (MAPS/Zinberg Clinic)

The program reaches a diverse population: 51% are people of color (including 25% African Americans, 11% Latino, 7% Haitian, 6% Portuguese-speaking); 42% women, 58% injection drug users (IDUs); over 70% indicate some lifetime history of substance abuse; 40% are immigrants; 15% are homeless; and almost 1/3 are uninsured.

Cambridge Care About AIDS (CCAA)

The program serves a diverse population: 48% Caucasian, 38% African American, 18% Latino, and 6% Haitian; 34% of clients are women, 55% intravenous drug users, 46% homeless.

Concilio Hispano

The program serves over 2,500 Latino clients in Cambridge and Somerville. The clients represents a culturally diverse group including Puerto Ricans, Dominicans, Salvadorians, Guatemalans, Colombians, Hondurans, Nicaraguans, Cubans, and Mexicans.

Massachusetts Association of Portuguese Speakers (MAPS)

The program targets the Portuguese-speaking community, including Cape Verdean, Brazilian, and Portuguese. Over 75% of the clients are Brazilian; 40% are women.

2. **Are there service gaps:**

Cambridge is fortunate to offer a wide continuum of services to address the needs of people with AIDS. People with AIDS continue to identify the following areas as those where more resources are needed:

- Affordable and decent housing for individuals and families.
- Childcare so that individuals can go to medical appointments or procure other services.
- Treatment on demand for individuals that require detoxification and acute inpatient services.

Additions analysis of strengths, weakness, opportunities and threats are provided in the attached 1997 Cambridge Public Health Commission Public Health Assessment (pages 30-31).

3. **Identify specific programs and the specific services offered:**

The details of programs and services is presented in the attached pages from the 1997 Public Health Assessment, Part II, on HIV/AIDS prevention and support services. Please refer to these pages for a description of programs in Cambridge.

4. **What is being offered to youth:**

Cambridge Care provides three components of services to youth: street outreach, group centered education, and one annual educational forum. The event this year was was a youth conference that highlighted discussions about prevention and was accompanied by a visit from Senator Edward Kennedy. The program targets youth from communities of color, homeless, and out-of-school youth.

5. What is being offered to patients having problems with new drugs:

The Visiting Nurses Association, in collaboration with Cambridge Hospital, North Charles Institute for Addictions, and Cambridge Cares About AIDS, has received funding to implement a drug adherence program. This program is targeted at individuals who are not considered as candidates for the new therapies. The program is designed to develop innovative strategies to support these individuals.

6. What are impacts of funding cuts:

Though funds from the CDC were significantly reduced in Cambridge-based organizations, restructuring has occurred so as to mitigate the loss of these revenue. For instance, Concilio Hispano has redesigned its prevention program activities to include a community organizing approach. This effort more efficiently identifies the target population and connects them with appropriate services. Cambridge Cares has identified new funding sources and has been able to continue to provide the same range of services. The Cambridge Hospital has been able to internally offset a reduction in funding for primary care services. Funders are also shifting the financing mechanism from cost-based reimbursement to a unit rate system. This change may make it difficult to recoup the same amount of dollars for services provided.

7. **What needs are not being met on account of funding limitations:**

The Cambridge Public Health Commission, with the assistance of community partners, is evaluating on an ongoing basis the issue of unmet need. Exploration of this matter began at a meeting of the AIDS Services Providers convened by the Health Department on December 4, 1997. The agenda from the meeting is attached. After discussing the current environment and changes within individuals programs, the group concluded that further analysis is needed. The group will reconvene in January, 1998 to study ways in which programs can work collaboratively as well as to identify service gaps in this resource reduced era.

I hope that this additional information meets the needs of the City Council. For further clarification, please contact Harold Cox, Chief Public Health Officer, at 498-1480 x210, or me at 498-1001. Thank you.

Sincerely,

John G. O'Brien, CEO
Cambridge Public Health Commission
Commissioner of Health, City of Cambridge

CHAPTER 2: HIV/AIDS

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Acquired Immune Deficiency Syndrome (AIDS) resulting from the Human Immunodeficiency Virus (HIV) is one of the most serious public health concerns because of its fatality and the associated illnesses caused by the disease. HIV/AIDS is also a major public health issue because it is preventable.

Cambridge Programs that provide HIV/AIDS prevention, education, and services:

- Multidisciplinary AIDS Program (MAP/Zinberg Clinic), Cambridge Public Health Commission (CPHC)
- Cambridge Cares About AIDS
- Concilio Hispano
- Massachusetts Association of Portuguese Speakers (MAPS)
- Ruah (housing program)
- Cambridge Visiting Nurse Association (VNA)
- CASPAR (drug treatment services for persons with HIV and addiction)
- CEOC (HIV prevention/education)
- Prevention Task Force
- YMCA

Description of major programs

Six of the programs identified above are the focus of this report; it is important to note that the response to the epidemic in the city is not limited to these organizations.

MULTIDISCIPLINARY AIDS PROGRAM, CAMBRIDGE PUBLIC HEALTH COMMISSION

Program description

The citywide AIDS Task Force founded The Multidisciplinary AIDS Program (MAP) in 1989. The program model combines community interventions for prevention and early identification of people at risk for HIV/AIDS with a dedicated primary care clinic that provides a comprehensive range of medical and mental health services for persons with HIV and their families. MAP program components include:

- Counseling and testing program
- Community prevention programs (Haitian Health Outreach Project and the Latino Safety Net/Outreach Program)
- Primary care clinic (Zinberg Clinic)
- STD clinic (see Chapter 3: Sexually Transmitted Diseases)

Population served

The program is successful in reaching those populations most affected by HIV. Two of the program areas identified above design and implement culturally appropriate prevention programs targeting the Haitian and Latino communities. The Counseling and Testing program is the largest anonymous testing program in the area. The Zinberg Clinic reaches a diverse

population: 51% persons of color (including 25% African American, 11% Latino, 7% Haitian, 6% Portuguese-speaking); 42% women, 58% intravenous drug users (IDUs); over 70% indicate some lifetime history of substance use; 40% are immigrants; 15% are homeless; and almost one third are uninsured. About 50% of clinic patients are residents of Cambridge; 12% are from Somerville, and the remaining are from the greater Boston area.

Program goals

The goal of the program is to address the AIDS epidemic in the city by implementing culturally competent prevention and education activities and offering accessible, high quality, comprehensive care for persons with HIV and their families. Through multilingual and multicultural staff, MAP is able to increase accessibility and to better engage clients in care. In addition, MAP recognizes the special issues faced by those with HIV, including substance abuse, discrimination, and socio-economic marginalization.

Activities

Program activities include counseling and testing clinics held at neighborhood health centers and clinics to reach persons most at risk; HIV risk-reduction education and public awareness activities provided through street outreach, agency presentations, public media venues (radio, cable TV), and home-based safety net parties. Services provided at the Zinberg Clinic include comprehensive out-patient health care including medical and nursing care, nutrition, acupuncture, psychiatric assessment and treatment, individual/family/group counseling, client advocacy, and substance abuse counseling.

Supporting data

The clinic served 337 persons during 1996 through 5500–6000 patient visits. Prevention programs data from Haitian Health Outreach Project show that 950 individuals were reached through program activities. The Latino Safety Net program facilitated 40 safety net parties and reached over 1000 individuals through program activities. Counseling and Testing services were provided to 1060 persons at risk of HIV.

Funding

The MAP has an operating budget of $1.5 million, most of which is from grant sources. Funding sources include federal monies through the Ryan White Care Act (Titles I and 111B) which supports the clinic. State funding sources include the Massachusetts Department of Public Health (MDPH), which funds Counseling and Testing, Haitian Health Outreach Project and the Latino Safety Net Program, and a portion of medical care provided at the clinic.

CAMBRIDGE CARES ABOUT AIDS

Program description

Cambridge Cares About AIDS (CCAA) is the only community-based organization exclusively devoted to addressing HIV/AIDS in Cambridge; it falls into the category of an AIDS Service Organization. CCAA emerged out of the same community-based planning and advocacy activities of the city AIDS Task Force that recommended development of MAP. It continues to be closely linked to both the CPHC and MAP, described as "sister" organizations that together provide a continuum of prevention and care to address the epidemic in Cambridge. CCAA provides a broad range of social services and practical supports for persons with AIDS as well as comprehensive, city-wide, targeted prevention programs for those most at risk of HIV infection.

Populations served

CCAA serves a diverse population of 450–500 individuals. The racial/ethnic breakdown of the caseload is 48% Caucasian, 38% African American, 18% Latino, and 6% Haitian. Thirty four percent of clients are women. Risk factors for HIV show that 55% are IDUs. In addition, 46% of CCAA clients are homeless: 17% from Cambridge, 4% Somerville; and 23% Boston.

Program goals

The program goals are to mobilize an effective, community-based response to prevent the transmission of HIV and to enhance the quality of life for persons with HIV/AIDS through the provision of comprehensive social services and practical supports.

Program activities

Prevention programs include outreach activities targeting persons at high risk, including IDUs and other substance users, women, teens, and men who have sex with men. Interventions include street outreach, training and supporting peer educators, train-the-trainer programs, safety net programs. CCAA also played a leading role in developing and implementing a state-funded needle exchange program in Cambridge. Services include case management, housing, meals, child care, transportation, support groups, and peer support. The range of services attests to the organization's ability to provide critical, basic supports for those affected by HIV.

Supporting data

Demographic and other characteristics of CCAA's caseload are provided above.
In addition, a subsidized housing program developed with the YMCA resulted in 15 housing spaces for homeless men at the YMCA; a total of 9 transitional housing units for men and women; and administration of Section 8 certificates through the
Cambridge Housing Authority.

Funding

CCAA's operating budget is about $1 million. Approximately $650,000 comes from MDPH; the remaining from the Centers for Disease Control and Prevention (CDC), the AIDS Action Committee/AIDS Walk, and private sources/donations. The position of executive director is funded by CPHC.

CONCILIO HISPANO

Program description

Concilio Hispano is a multi-service, community-based organization serving the Latino community in greater Boston. The Somerville office houses the HIV Program of Concilio, a program that does both HIV prevention work with at-risk populations and provides family-focused social services for persons with HIV/AIDS.

Population served

The Concilio HIV program targets its services exclusively to the Latino communities of Cambridge, Somerville, and other communities in greater Boston. Prevention programs target those considered to be most at risk, including men who have sex with men who do not

identify as gay, substance users (including intravenous drug users) and their partners, women, and youth. Services are also provided for persons with HIV/AIDS.

Program Goals

The program goals are to prevent the spread of the AIDS epidemic in the Latino community by providing culturally appropriate risk reduction and prevention education programs for those most at risk, and to reduce the impact of HIV/AIDS on Latinos by providing social services and support for persons with HIV/AIDS.

Activities

Prevention services include street outreach activities, agency-based outreach and education (such as shelters and drug treatment programs) and participation in CCAA needle-exchange program. Services include case management and support groups for families impacted by HIV.

Supporting Data

Concilio serves 45–50 Latino persons with HIV. Several support groups are currently available. Two outreach workers implement prevention programs which target area housing projects, drug treatment programs, and homeless shelters.

Funding

The budget for the project is $335,000 which comes from MDPH, CDC and CPHC.

MASSACHUSETTS ALLIANCE OF PORTUGUESE SPEAKERS

Program Description

Massachusetts Alliance of Portuguese Speakers is a community-based multi-service organization serving the needs of the Portuguese-speaking communities in greater Boston. Its program is dedicated to addressing the impact of HIV on this constituency. The program provides prevention education and services for persons with AIDS.

Populations Served

Prevention activities are targeted to the Portuguese-speaking community, including Brazilians and Cape Verdeans. Efforts are made to reach at-risk populations, such as an initiative targeting men who have sex with men. Other populations include substance users and their partners, as well as youths. Social services are provided for the identified constituency.

Program Goals

The program aims to prevent the spread of HIV and provide support for people with HIV/AIDS in the Portuguese- and English-speaking communities.

Activities

Prevention programs focus on outreach (street and agency based) to high risk groups. HIV/AIDS services include case management, client advocacy and peer support.

Funding

Approximately 40% of funds come from the CDC, 50% from the MDPH and 10% from the Boston Department of Health and Hospitals totalling approximately $600,000.

CAMBRIDGE VISITING NURSE ASSOCIATION

Program description

The Cambridge Visiting Nurses Association (VNA) provides comprehensive home care services to a diverse patient population, including persons with AIDS. The agency has a designated HIV coordinator to oversee and coordinate home-care for persons with HIV. Home care services make it possible for many persons with AIDS to remain at home during the later stages of HIV illness.

Population served

The VNA patient profile consists of 50% women, majority white; followed by African Americans. It serves large numbers of persons impacted by substance use, both IDUs and/or their partners.

Activities

Services include skilled nursing care, home health aides, personal care/homemaking, physical and occupational therapies, and social work services.

Supporting data

The VNA HIV program provides services to 35 persons with HIV/AIDS. Twenty individuals receive homemaking/personal care; 15 receive skilled nursing care. The HIV Coordinator attends weekly case conference/patient rounds meetings facilitated by the Zinberg Clinic to ensure care coordination with patients' primary care and mental health providers.

Funding

The HIV Program of the Cambridge VNA receives $116,000 from the MDPH to provide home care for persons with AIDS.

RUAH

Program description

Ruah is a residential AIDS housing program founded three years ago to provide housing and support services for homeless women with AIDS. The program houses up to seven women.

Population served

Women with AIDS who have no other housing options are the primary target population. Women served to date reflect the diverse group of women infected with HIV; large proportion of clients have been African-American women. Many have previous involvement in the correctional system; most have some history of substance use.

Program goal

The program provides dignity for homeless women with AIDS by supplying a home, support services, and a caring community of other residents, staff, and volunteers.

Activities

Ruah can house seven women with AIDS at any given time. The program has staff on site 24 hours/day. Support services include case management, client advocacy, and support groups (including groups for women grappling with recovery issues). The program makes extensive use of volunteers to provide supports for residents.

Supporting Data

As noted, Ruah can house seven women at any given time. Over the past three years, approximately 30–40 women have been served.

Funding

Funds to support services for women at Ruah include $140,000 from the MDPH as well as additional funding from private sources.

ANALYSIS OF HIV/AIDS SERVICES

Strengths

- Cambridge benefits from the high level of expertise and commitment from the organizations working on HIV/AIDS issues.
- There are strong linkages and partnerships with affected communities.
- A comprehensive response, in both prevention and care, has been formulated: prevention/education activities are culturally competent; there are multiple levels of intervention; services reflect continuum of care including comprehensive basic social/economic and health care supports.
- Diversity (racial, cultural, and linguistic) exists within the organizations.
- Commitment to partnerships with consumers is strong.
- There is collaboration among agencies for both prevention and service coordination.
- HIV advocacy is incorporated into work of local coalitions: Community Health Network Area (CHNA) and Prevention Task Force.

Weaknesses

- Despite comprehensive services, impediments to client access to service areas still exist (transportation, child care, and cultural competence).
- Access to experimental protocols is limited, particularly for linguistic minority patients.
- There are insufficient resources for substance users ready for drug treatment, i.e., treatment on demand.
- There is a lack of adequate resources for affordable, subsidized housing.
- Additional prevention and education strategies are needed to reach very high-risk populations, specifically active drug users.
- A city-wide forum for AIDS planning and advocacy activities is absent.

Opportunities

- The development of new antiviral drug therapies may bring new hope for some (perhaps many).
- New outcomes-based research is being conducted to identify effective prevention/education strategies.
- The Cambridge environment is more conducive to exploration and assessment of current organizational alignments and configuration to address the epidemic in the city. This may allow pursuit of a greater integration of efforts and could also lead to both quality and efficiency improvements.
- The Ryan White CARE Act (federal funds for HIV services including housing) has been reauthorized by Congress.
- Meaningful access to experimental protocols may increase with forthcoming affiliations with tertiary care hospitals.

Threats

- There is a widening gap between those who can benefit from new therapies and those who cannot due to the expense of drugs, complex medication regimens and the potential side effects, and other barriers. In addition, it is unknown whether resistant viral strains may result from the inability to stay on medications or long-term use of medications, all of which pose a serious threat to further transmission if preventive behaviors are not maintained.
- Resource constraints may force cuts in prevention and other services to pay for new drug therapies.
- Individuals with HIV may be affected by cuts in entitlement services, such as, Medicaid, SSI, and food stamps.
- Welfare reform may have punitive consequences for women with HIV and their families, particularly for immigrant communities.
- Managed care pressures to reduce costs could lower reimbursement for services.
- Access to services for uninsured individuals is threatened by the attack on the free care pool.

AIDS in Cambridge

December 4, 1997

Purpose: 1) to identify prevention and care needs for Cambridge; 2) to identify strategies for collaborative work

1. Very brief description of programs
2. Identify global changes that have impacted AIDS
3. Identify how these changes have affected Cambridge
4. Identify what is needed in our city to address changing populations/needs
5. Identify ways that we can work collaboratively to address these needs

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CITY OF CAMBRIDGE
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EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

RICHARD C. ROSSI
Deputy City Manager

December 22, 1997

To The Honorable, The City Council:

Please find attached a response to Awaiting Report Item No. 11, regarding a report on the City's current and planned AIDS outreach, prevention and treatment program, received from John G. O'Brien, CEO of the Cambridge Public Health Commission.

Very truly yours,

Robert W. Healy
City Manager

RWH/mec
attachment

Consent Agenda #22

S-793

Relative to Awaiting Report Item Number Eleven, regarding a report on the City's current and planned AIDS outreach, prevention and treatment program.

In City Council December 22, 1997

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